

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>71534</i>	<i>06-17-99</i>
O.I.P.E. CLASSIFIER		<i>16</i>	<i>6-18-99</i>
FORMALITY REVIEW		<i>65703</i>	<i>6-29-99</i>
		<i>65703</i>	<i>5-6-99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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41	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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100	✓

Claim	Date
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DESIGN AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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